

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC

☐ CLEC

☐ ILEC

☐ Wireless

242826

CERTIFICATED COMPANY INFORMATION

Entrix Telecom, Inc.

Company Name

FEDERATION

(973) 438-1000

Dbaf/ka

Telephone #

550 Broad Street, 17th Floor

Mailing Address

Newark, NJ

City, State, Zip Code

550 Broad Street, 17th Floor

Business Location

Newark, NJ 07102

Essex

City, State, Zip Code

County

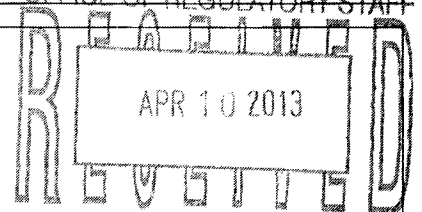
OFFICE OF REGULATORY STAFF

REGISTERED AGENT INFORMATION

Registered Agent: Corporation Service Company

Mailing Address: 5000 Thurmond Mall Boulevard

City, State, Zip Code: Columbia, SC 29201



Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A. Carl Billek

General Manager (Include address if different than above.)

(973) 438-4854

(973) 438-1215

Carl.Billek@idt.net

Telephone Number

Facsimile Number

E-mail Address

B. Anthony Acevedo

Customer Relations /Complaints Representative (Include address if different than above.)

(973) 438-4827

(973) 438-1264

Anthony.Acevedo@idt.net

Telephone Number

Facsimile Number

E-mail Address

C1. Anthony Acevedo

Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)

(973) 438-4827

(973) 438-1264

Anthony.Acevedo@idt.net

Telephone Number

Facsimile Number

E-mail Address

C2.

Customer Contact (Toll Free Number)

D. Carl Billek

Engineering Operations (Include address if different than above.)

(973) 438-4854

(973) 438-1215

Carl.Billek@idt.net

Telephone Number

Facsimile Number

E-mail Address

E. Carl Billek

Test and Repair (Include address if different than above.)

(973) 438-4854

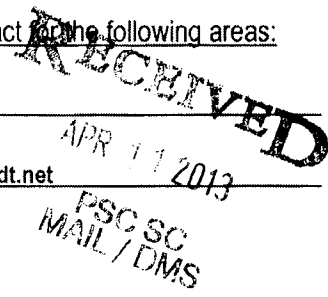
(973) 438-1215

Carl.Billek@idt.net

Telephone Number

Facsimile Number

E-mail Address



F. Carl Billek _____
Emergencies (During non-office hours)

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Carl Billek _____
Regulatory Officer (Include address if different than above.)

(201) 725-0112 (973) 438-1215 Carl.Billek@idt.net
Telephone Number Facsimile Number E-mail Address

H. Carl Billek _____
Dual Party Mailings (Name)

All contact info same as above
Mailing Address

Telephone Number Facsimile Number E-mail Address

I. Carl Billek _____
Interim LEC Fund Mailings (Name)

All contact info same as above
Mailing Address

Telephone Number Facsimile Number E-mail Address

J. Carl Billek _____
Universal Service Fund Mailings (Name)

All contact info same as above
Mailing Address

Telephone Number Facsimile Number E-mail Address

K. Carl Billek _____
Gross Receipts Mailings (Name)

All contact info same as above
Mailing Address

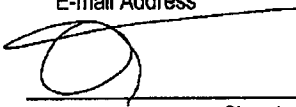
Telephone Number Facsimile Number E-mail Address

L. Carl Billek _____
Lifeline Mailings (Name)

All contact info same as above
Mailing Address

Telephone Number Facsimile Number E-mail Address

Carl Billek
This form was completed by (print name)


Signature

Senior Regulatory Counsel
Title

April 5, 2013

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 11/2010)